

# APPLICATION FOR ENDORSEMENTS *OR* ENDORSEMENT PLAN (SAEP)

## Family and Consumer Sciences Endorsements

**SAEP plans are approved for educators with level 2 licenses.**  
**Transcripts must be attached to verify applicable course work**

Last Name	First Name	Middle Name	Date	SS # or CACTUS ID #
Home Address			City	State
			Zip	Work Phone ( )
Email Address				Home Phone ( )
Current Teaching/License Status				
<input type="checkbox"/> Not Teaching <b>OR</b> Teaching at: (School) _____ (District) _____				
Educator License(s) held: <input type="checkbox"/> Elementary Education <input type="checkbox"/> Secondary Education <input type="checkbox"/> Career and Technical <input type="checkbox"/> CTE/APP				

<b>Check only one</b>	<input type="checkbox"/> I am requesting the FACS endorsement indicated. The coursework has been completed and the appropriate documentation is attached. An endorsement evaluation fee of <b>*\$35.00</b> is enclosed. <span style="float: right;"><b>OR</b></span> <input type="checkbox"/> I am submitting a State Approved Endorsement Plan (SAEP) for the FACS endorsement indicated. Course requirements will be completed within the timeframe identified in the plan. An endorsement evaluation fee of <b>*\$30.00, paid by my School District</b> , is enclosed.
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Family and Consumer Science Endorsement(s) For Which You Are Applying:	
<input type="checkbox"/> Advanced Interior Design <input type="checkbox"/> Designer Sewing / Fashion Design	<input type="checkbox"/> Child Care <input type="checkbox"/> Food Service / Culinary Arts

### Employment Record Related to the endorsement area(s) for which you are applying – (*Exclude teaching experience*)

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	Verification Attached
Mo	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Duties & Responsibilities:

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	Verification Attached
Mo	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Duties & Responsibilities:

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	Verification Attached
Mo	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Duties & Responsibilities:

Total number of work experience related to the endorsement.		<b>Employer evidence letters verifying your work expertise and experience <u>must</u> be submitted with this application.</b>
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## Education

If additional space is needed, please attach a separate sheet of paper. Transcripts must be attached to verify degree and/or applicable endorsement with the appropriate coursework highlighted.

Name of School	From		To		Graduation Year	Degree	Major/Minor/Composite
	Mo	Yr	Mo	Yr			

## References (Teaching and/or Employment)

Name	Address	Position	Phone

Signature of Applicant	Date
<b>X</b>	

Submit completed application and official transcripts or other documentation to: Stephanie Ferris, USOE Educator Quality and Licensing, 250 East 500 South, PO Box 144200, Salt Lake City, UT 84114-4200, Phone: (801) 538-7752  
**\$35.00 endorsement fee or \$30.00 SAEP fee must be included with this application (\*see information above)**

**----- Information below to be completed by USOE personnel -----**

Endorsement Recommended	SAEP Approved for _____ years <input type="checkbox"/> SAEP not approved _____ work credits    _____ course credits    _____ total credits
	FACS Specialist Signature <span style="float: right;">Date</span>
	Endorsement Awarded
	FACS Specialist Signature <span style="float: right;">Date</span>